

HIGHWAY DEDICATION

1. LEGAL DESCR. LOT See Attached		BLK.	TRACT	ADDRESS APPROVED
2. JOB ADDRESS 15720 Ventura Boulevard		E.		SEVER
3. BETWEEN CROSS STREETS Haskell AVE. AND DENSMORE AVE.		ZONE C2-1-2		FIRE DIST. 2
4. PURPOSE OF BUILDING (13) Office & PAVED PARKING		PHONE ST. 8-0371		KEY
5. OWNER'S NAME Marvin Wilson		P.O. BOX		COR. LOT
6. OWNER'S ADDRESS 15840 Ventura Boulevard, Encino		ZONE		REV. CON.
7. CERT. ARCH. Howard R. Lane		STATE LICENSE NO. - PHONE C1454 ST. 8-4560		LOT SIZE 201.3 x 115.6
8. LIC. ENGR. Paul Greenfield		STATE LICENSE NO. PHONE SE 883 GR. 7-7536		REAR ALLEY
9. CONTRACTOR Marvin Wilson Construction Co., Inc. 22116		STATE LICENSE NO. PHONE		SIDE ALLEY
10. CONTRACTOR'S ADDRESS 15840 Ventura Boulevard, Encino		P.O. BOX		BLDG. AREA
11. SIZE OF NEW BLDG. 198' x 73'		STORIES 67	HEIGHT 75'	NO. OF EXISTING BUILDINGS ON LOT AND USE 2 - Motels

1. 15720 Ventura Blvd.,		DISTRICT OFFICE VN
12. MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> CONC. BLOCK <input type="checkbox"/> ROOF <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL ROOFING EXT. WALLS: <input type="checkbox"/> STUCCO <input checked="" type="checkbox"/> BRICK <input checked="" type="checkbox"/> CONCRETE CONST. <input checked="" type="checkbox"/> CONC. <input type="checkbox"/> OTHER		SPRINKLES SPECIFIED No
13. VALUATION: TO INCLUDE ALL FIXED EQUIPMENT REQUIRED TO OPERATE AND USE PROPOSED BUILDING \$1,900,000.00		AFFIDAVITS 2A 17041
Approval of driveway location must be obtained from the Department of Public Works before securing Building Permit.		PLANS CHECKED
I certify that in doing the work authorized hereby I will employ any person in violation of the Labor Code of the State of California relating to workmen's compensation insurance.		CORRECTIONS VERIFIED
Signed by Marvin Wilson		APPLICATION APPROVED
This Form When Properly Validated is a Permit to Do the Work Described		INSPECTOR

TYPE I	GROUP G-1	MAX. OCC. 845	P.C. 944	EST. 19.10.15	B.P. 174700	I.F. -	O.S. -
<div style="display: flex; justify-content: space-between;"> <div> <p>MAY-20-64</p> <p>25558 CH VN</p> <p>45619 CH VN-62394</p> <p>45620 CH VN-62394</p> <p>45621 CH VN-62394</p> </div> <div> <p>K-2</p> <p>L-2</p> <p>L-1</p> <p>L-11</p> </div> <div> <p>944.45</p> <p>191.18</p> <p>1747.00</p> <p>5.80</p> </div> </div>							
<div style="display: flex; justify-content: space-between;"> <p>P.S. No. 3770</p> <p>GRADING</p> <p>CRIT. SOIL</p> <p>CONC.</p> </div>							



City of Los Angeles
Department of Building and Safety

**“NORTHRIDGE EARTHQUAKE” FILE
(EQ1-94)**

ADDRESS: **15720 VENTURA BL**

RECORD NO.: **4922** *POSTING: **GREEN**

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

“RECORD NO.” refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

“*POSTING” is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: “RED” is unsafe to occupy; “YELLOW” is limited entry; and “GREEN” is safe to occupy. Other designations were used in the Posting field, but are not postings. They are “CERT” and “PERMIT” and are described as follows:

“CERT” refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS “CERT”, IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

“PERMIT” is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do no indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS “PERMIT”, IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

016

033 # 4922

CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☐ Residential
☒ Commercial

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

C. INCLUSIVE ADDRESS:

15720 Ventura Blvd.
 Lyndora Investment Co.

COUNCIL
 DISTRICT: 11

D. OWNER:

Frank Rahbar

PHONE NO.: 310-559-0850

MANAGER:

Kunda Wallace

PHONE NO.: 818-789-3785

E. No of Stories:

6

No. of Living Units:Basement: ☐ YES ☒ NO ☐ UNKNOWN**TYPE CONSTRUCTION:** URM I II III IV V

Reinforced Brick & Concrete

APPROX. SIZE

200

ft.

X 73

13000 X 6 = 78000

PRIMARY OCCUPANCY:

(Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input checked="" type="checkbox"/> 13 OFFICE <i>off. bld.</i> | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Col. on top floor collapse</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Penthouse is collapse at elevator shaft</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators <i>Strat. damage</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairs/Exits <i>at Penthouse</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads) <i>Shor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electric/Gas <i>Cracks on walls all levels</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbel <i>Cracked</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing <i>Shor Crack</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames <i>walls of elevators</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections <i>shaft sever</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other <i>damage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Roof Sign supports damaged. Stairs from 6th level to roof is damaged. Columns and walls of elevator shafts (2) collapsed and severly damaged. Cracks on brick walls 3rd floor.

G. Vacate Bldg.? ☐ YES ☐ NO Partially Vacate Bldg.? ☒ YES ☐ NO No. of Living Units Vacated: 0
EST. DAMAGE: 10 % **EST. DAMAGE:** \$ 50,000 **PERMIT REQUIRED?** ☒ YES ☐ NO

H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☐

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

UNSAFE (Red)

Building

Area (See Section I-3)

☒ For the building
 except roof penthouse

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities: NO

Electric Gas Water

J. INSPECTOR:

Name/I.D. F. Kashafi / T.J. Cherry

Phone: (213) 237 0920 / 0921

K. INSPECTED:

Date: 1-20-94

Time: 11:45

a.m./p.m.

1ST REINSPECTION

OBS #922

OBS # 5309

EQ/94

A. TYPE OF DISASTER:

☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

B. BUILDING USE:

☐ Residential
☒ Commercial

RAPID SCREENING INSPECTION FORM

C. INCLUSIVE ADDRESS:

15720 Ventura Blvd.

COUNCIL DISTRICT: 11

D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 7 No. of Living Units: 0 Basement: ☐ YES ☒ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I III IV V APPROX. SIZE 100 ft. X 125 ft.

PRIMARY OCCUPANCY: (Check one, only)

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input checked="" type="checkbox"/> 13 OFFICE	<input type="checkbox"/> 18 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

MINOR SHAARCRACKS
FIRST FLOOR REAR FACADE

Condition

YES NO UNK

1. Structure Hazardous Overall

Collapse/partial collapse

Building or story leaning

Other Penthouse

☐ ☒ ☐
☒ ☐ ☐
☐ ☐ ☐

2. Hazardous Structural Elements

Foundations

Roof/Floors (vertical loads)

Columns/pilasters/corbel

Diaphragms/horizontal bracing

Walls/vertical bracing

Moments Frames

Precast connections

Other _____

☐ ☐ ☐
☐ ☒ ☐
☒ ☐ ☐
☐ ☒ ☐
☐ ☒ ☐
☐ ☒ ☐
☐ ☐ ☐

Condition

YES NO UNK

3. Nonstructural Hazards

Parapets/ornamentation

Cladding/glazing

Ceiling/light fixtures

Interior Walls/partitions

Elevators

Stairs/Exits

Electric/Gas

Chimney

Other _____

☐ ☐ ☐
☐ ☒ ☐
☐ ☒ ☐
☐ ☒ ☐
☒ ☐ ☐
☒ ☐ ☐
☐ ☒ ☐
☐ ☒ ☐
☐ ☐ ☐

4. Geotechnical Hazards

Slope failure/debris

Ground Movement, fissures

Other _____

☐ ☐ ☐
☐ ☒ ☐
☐ ☒ ☐
☐ ☐ ☐

COMMENTS: PENTHOUSE STANDING - CONC. BLIND OUT AT BASE + HEAD OF COL. - W/CRTIES - COLUMNS IN MIDDLE OF PENTHOUSE APPEARING NOT FACING COR.G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 20 % EST. DAMAGE: \$ 150,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing

Recommended

INSPECTED (Green)

☐☐

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

UNSAFE (Red)

☒ Building PENTHOUSE

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required

☒ Structural CRITICAL ☐ Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: OES#0042 RENQUILLO

Phone: _____

K. INSPECTED:

Date: 20 JAN 94Time: 3:20

a.m. (p.m.)

2ND REINSPECTION

OBS

0859605

EQ 1-94

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

4922

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☒ Residential
☒ Commercial

C. INCLUSIVE ADDRESS:

15720 VENTURA BLVD.

COUNCIL DISTRICT: 11

D. OWNER:

YOUNESSI

PHONE NO.: 789-3785

MANAGER: LINDA WALLACE

PHONE NO.: 789-3785

E. No of Stories: 5 No. of Living Units: 0/10/10 Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 75 ft. x 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input checked="" type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PENT HOUSE COLLAPSE</u>				Interior Walls/partitions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/correls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☒ YES ☐ NO No. of Living Units Vacated: 10
 EST. DAMAGE: 10 % EST. DAMAGE: \$ 20000 PERMIT REQUIRED? ☐ YES ☒ NO

H. OVERALL RATING:

INSPECTED (Green)

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

UNSAFE (Red)

Building

Area (See Section I-3)

Existing Recommended

☐☐☒

I. RECOMMENDATIONS: (Circle Number / Fill In data)

1. No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: M. CHAR / M. EMAMI

Phone: 213-237-0920

K. INSPECTED:

Date: 1/21/94

Time: 1:30 a.m./p.m.

1. START TIME
1:00

THOMAS BROS. REF

CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
DISASTER RE-INSPECTION FORM
(COMPLETE ONLY ONE FORM PER BUILDING)

DISASTER I D
EQ1-94

RECORD NUMBER
9605 4922
(OFFICE USE ONLY)

DO NOT WRITE
BETWEEN THESE LINES

2. SITE ADDRESS
15720 VENTURA BL

4. CORRECTED ADDRESS

5. ADDRESS COMMENTS

3. ADDRESS
CORRECTION
REQUIRED
5/3/4/1/16

6. OWNER DOING BUSINESS AS
VENTURA INVESTMENT COMPANY

7. INITIAL INSPECTION COMMENTS

8. TYPE OF CONSTR.
I
TYPE I
TYPE II
TYPE III
TYPE IV
TYPE V
U.R.M.
URM INFILL
TILT-UP
OTHER

9. NO. OF STORIES
5

10. OVERALL BUILDING DIMENSIONS
WIDTH 200 X LENGTH 75

11. TOTAL DWLG. UNITS
30

12. BUILDING USE
COMMERCIAL
RESIDENTIAL
MIXED
13. BASEMENT
YES
NO
UNKNOWN

14. COUNCIL DISTRICT
11

15. PRIMARY OCCUPANCY (Select one only)
(13) OFFICE
SINGLE FAM. DWLG.
DUPLICATE
AIRPORT
AMUSEMENT
APARTMENT
CHURCH
PRIV. GARAGE
PUB. GARAGE
GAS STATION
HOSPITAL
HOTEL
MANUFACT'NG
OFFICE
PUB. ADMIN.
PUB. UTILITIES
RETAIL
RESTAURANT
SCHOOL
THEATER
WAREHOUSE
MOBILE HOME
CONDOMINIUM
OTHER

16. CURRENT SITE CONDITIONS
Mark only if entire category is not applicable
A. OVERALL CONDITIONS
NO APPARENT DAMAGE
UNDER REPAIR (Write Permit # in COMMENTS)
REPAIRS COMPLETE (Write Permit # in COMMENTS)
DEMOLISHED (Write Permit # in COMMENTS)
SITE CLEARED OF DEBRIS
NO WORK STARTED
FENCED
B. HABITABILITY
BUILDING VACANT/ UNINHABITABLE
PARTIALLY VACATED (Describe area below)
C. STRUCTURAL HAZARDS
TOTAL/PARTIAL BUILDING COLLAPSE
BUILDING OR STORY LEANING
FOUNDATION
ROOF/FLOORS (VERTICAL LOADS)
COLUMNS/PILASTERS/CORBELS
DIAPHRAGMS/HORIZONTAL BRACING
WALLS/VERTICAL BRACING
MOMENT FRAMES
PRE-CAST CONNECTIONS
OTHER
D. NON-STRUCT. HAZARDS
PARAPETS/ORNAMENTATION
CLADDING/GLAZING
CEILING/LIGHT FIXTURES
INTERIOR WALLS/PARTITIONS
ELEVATORS
STAIRS/EXITS
CHIMNEY
MASONRY "GARDEN" WALLS
ELECTRICAL
GAS PIPING
WATER/WASTE PLUMBING
HEATING/AIR CONDITIONING
E. GEOTECHNICAL HAZARDS
GROUND MOVEMENT/FISSURES
SLOPE FAILURE (CLASS #)
RETAINING WALL FAILURE
DEBRIS/MUD FLOW
WATER DAMAGE
F. HAZARDOUS MATERIALS
PAINT
ASBESTOS
EXPLOSIVES
CHEMICALS
OTHER

17. RECOMMENDATIONS
NO FURTHER ACTION REQ'D
Structural evaluation required
Geotechnical evaluation req'd.
Barricades needed as follows
Fence property/structure
Board up building
Clean up and remove debris
Immed. Hazard abatement req'd.
Vacate entire building
Partially vacate building
FOLLOW-UP REQ'D BY
Permit required
Plans required
Eligible for City Demo/
Debris cleanup
NONE
COMM/APT INP.
RESIDENTIAL INSP.
URM/TILT-UP INSP.
MECHANICAL
GRADING
OTHER

18. % STRUCT. DAMAGE
10

19. ESTIMATED STRUCTURAL REPAIR COST
\$20000

20. ESTIMATED GEOTECHNICAL REPAIR COST

21. NO. UNITS VACATED
0

22. TYPE OF ORDER REQUIRED
91.8907 (BLUE)
91.8904-ABATE (GRAY)
91.8101-OTC (WHITE)
24. INSPECTOR'S NAME
25. INSPECTOR'S I.D.
26. AGENCY
27. DATE
28. END TIME

23. OVERALL RATING
LTD ENTRY
A 'YES' IS MARKED IN CATEGORIES 16C, E OR F ABOVE. IS GROUNDS FOR POSTING THE BUILDING UNSAFE. A DESCRIPTION OF THE AREA AFFECTED MUST ACCOMPANY ANY LIMITED ENTRY AND UNSAFE POSTING. A 'YES' IN CATEGORY 16D REQUIRES POSTING AND BARRICADING TO INDICATE THAT AREA UNSAFE.
RECOMMENDED POSTING
INSPECTED (GREEN)
LTD. ENTRY (YELLOW)
UNSAFE (RED)
EXTENTS OF INSPECTION
EXTERIOR ONLY
INTERIOR ONLY
BOTH (INT/EXT)
LTD. ENTRY/UNSAFE RATING APPLIES TO:
ENTIRE BUILDING
AN AREA (Describe)

1. START TIME
11:40

2. SITE ADDRESS
15720 VENTURA BL
4. CORRECTED ADDRESS
5. ADDRESS COMMENTS

3. ADDRESS CORRECTION REQUIRED

6. OWNER DOING BUSINESS AS
VENTURA INVESTMENT COMPANY

7. INITIAL INSPECTION COMMENTS
ROOF SIGN SUPPORTS DAMAGED. STAIRS FROM 6TH LEVEL TO ROOF IS DAMAGED. COLUMNS AND WALLS OF ELEVATOR SHAFTS (2) COLLAPSED AND SEVERE DAMAGED. CRACKS ON BRICK WALLS ON 3RD.

8. TYPE OF CONSTR.
I
TYPE I
TYPE II
TYPE III
TYPE IV
TYPE V
U.R.M.
URM INFILL
TILT-UP
OTHER

9. NO. OF STORIES
6

10. OVERALL BUILDING DIMENSIONS
WIDTH 73 X LENGTH 200

11. TOTAL DWLG. UNITS
COM'L
COMMERCIAL
RESIDENTIAL
MIXED
13. BASEMENT
NO
YES
NO
UNKNOWN

12. BUILDING USE
COM'L
COMMERCIAL
RESIDENTIAL
MIXED
13. BASEMENT
NO
YES
NO
UNKNOWN

14. COUNCIL DISTRICT
11

15. PRIMARY OCCUPANCY (Select one only)
(13) OFFICE
SINGLE FAM. DWLG.
AIRPORT
AMUSEMENT
APARTMENT
CHURCH
PRIV. GARAGE
PUB. GARAGE
GAS STATION
HOSPITAL
HOTEL
MANUFACT'NG
OFFICE
PUB. ADMIN.
PUB. UTILITIES
RETAIL
RESTAURANT
SCHOOL
THEATER
WAREHOUSE
MOBILE HOME
CONDOMINIUM
OTHER

16. CURRENT SITE CONDITIONS
A. OVERALL CONDITIONS
NO APPARENT DAMAGE
UNDER REPAIR
DEMOLISHED
SITE CLEARED OF DEBRIS
NO WORK STARTED
FENCED
B. HABITABILITY
OCCUPIED
BUILDING VACANT/UNINHABITABLE
PARTIALLY VACATED
C. STRUCTURAL HAZARDS
TOTAL/PARTIAL BUILDING COLLAPSE
BUILDING OR STORY LEANING
FOUNDATION
ROOF/FLOORS (VERTICAL LOADS)
COLUMNS/PILASTERS/CORBELS
DIAPHRAGMS/HORIZONTAL BRACING
WALLS/VERTICAL BRACING
MOMENT FRAMES
PRE-CAST CONNECTIONS
OTHER
D. NON-STRUCT. HAZARDS
PARAPETS/ORNAMENTATION
CLADDING/GLAZING
CEILING/LIGHT FIXTURES
INTERIOR WALLS/PARTITIONS
ELEVATORS
STAIRS/EXITS
CHIMNEY
MASONRY "GARDEN" WALLS
ELECTRICAL
GAS PIPING
WATER/WASTE PLUMBING
HEATING/AIR CONDITIONING
E. GEOTECHNICAL HAZARDS
GROUND MOVEMENT/FISSURES
SLOPE FAILURE
RETAINING WALL FAILURE
DEBRIS/MUD FLOW
WATER DAMAGE
F. HAZARDOUS MATERIALS
PAINT
ASBESTOS
EXPLOSIVES
CHEMICALS
OTHER

17. RECOMMENDATIONS
NO FURTHER ACTION REQ'D
Structural evaluation required
Geotechnical evaluation req'd
Barricades needed as follows
Fence property/structure
Board up building
Clean up and remove debris
Immed. Hazard abatement req'd
Vacate entire building
Partially vacate building
OTHER
18. % STRUCT. DAMAGE
10
19. ESTIMATED STRUCTURAL REPAIR COST
\$60,000
20. ESTIMATED GEOTECHNICAL REPAIR COST
0
21. NO. UNITS VACATED
0

22. TYPE OF ORDER REQUIRED
91.8907 (BLUE)
91.8902-ABATE (PINK)
91.8901-OTC (GREEN)
23. OVERALL RATING
UNSAFE
INSPECTED (GREEN)
LTD. ENTRY (YELLOW)
EXTENSIVE INSPECTION
EXTERIOR ONLY
INTERIOR ONLY
BOTH (INT/EXT)
LTD. ENTRY/UNSAFE RATING APPLIES TO:
ENTIRE BUILDING
AN AREA (Describe)

24. INSPECTOR'S NAME
Dennis STEWART
25. INSPECTOR'S I.D.
27478
26. AGENCY
B+S
27. DATE
3/11/94
28. END TIME
12:05

29. RECOMMENDED POSTING
UNSAFE
LTD. ENTRY
EXTENSIVE INSPECTION
EXTERIOR ONLY
INTERIOR ONLY
BOTH (INT/EXT)
LTD. ENTRY/UNSAFE RATING APPLIES TO:
ENTIRE BUILDING
AN AREA (Describe)

30. RECOMMENDED POSTING
UNSAFE
LTD. ENTRY
EXTENSIVE INSPECTION
EXTERIOR ONLY
INTERIOR ONLY
BOTH (INT/EXT)
LTD. ENTRY/UNSAFE RATING APPLIES TO:
ENTIRE BUILDING
AN AREA (Describe)

INSTRUCTIONS

ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
4. Ensure all data is accurately written onto this form.
2. Print all hand-written information clearly and legibly within the space provided.
3. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT>

11. TOTAL DWLG. UNITS		34
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCORRECT>

11. TOTAL DWLG. UNITS		34
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

▶ LIST PERMIT NO(S) (IF ANY) ▶

All work being done to Penthouse Roof SIGN Supports
+ Stairwell to Roof. CAN NOT Verify Permit #.

permit # 94VN 33889 issued on 2/17/94
per cancelled O.T.C. dated 3/11/94 by Insp Kelly.

Order 91. SFT
Net Postal

CITY OF LOS ANGELES CALIFORNIA

EQ1-94

DEPARTMENT OF
BUILDING AND SAFETY
405, CITY HALL
LOS ANGELES, CA 90012-4869



RICHARD J. RIORDAN
MAYOR

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

SURVEYED: 04/30/94

MAILED: 08/05/94

~~07/02/94~~ 7-15-94

VENTURA INVESTMENT COMPANY
15720 VENTURA BLVD NO 308
ENCINO CA 91436

(PARA OBTENER TRADUCCION)
(EN ESPANOL DE ESTA ORDEN, FAVOR)
(DE LLAMAR AL (213) 485-7091)
(ENTRE LAS 7:30 A.M. A 4:30 P.M.)

AIN: 12283\025\017

CD: 11

ORDER TO COMPLY - LOCAL EMERGENCY HAZARDOUS/SUBSTANDARD ORDER

STREET ADDRESS: 15720 VENTURA BL

(Office)

As a result of the local emergency which occurred on January 17, 1994, and due to code violations "marked" below, the building(s) located at the above address have been determined to constitute a hazardous and/or substandard condition as defined in Section 91.8902 of the Los Angeles Municipal Code. A notice so stating is being filed with the County Recorder.

Since you are listed as the owner of that property, Section 91.8903 of the L.A.M.C. requires that you secure the required permits and begin the necessary work to eliminate the code violations within 30 days from the date this order was mailed. All necessary work shall be completed within 90 days from the date this order was mailed. Applications for permits to comply with this order may be obtained from any of the Building and Safety offices listed on the attached information sheet. Present this order when applying for a permit.

- | | | |
|---|---|---|
| <p>1. STRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> STRUCTURAL EVALUATION REQUIRED <input type="checkbox"/> COLLAPSE/PARTIAL COLLAPSE <input type="checkbox"/> BUILDING OR STORY LEANING <input type="checkbox"/> FOUNDATIONS <input checked="" type="checkbox"/> ROOF/FLOORS (VERTICAL LOADS) <input checked="" type="checkbox"/> COLUMNS/PILASTERS/CORBELS <input type="checkbox"/> DIAPHRAGMS/HORIZONTAL BRACING <input type="checkbox"/> WALLS/VERTICAL BRACING <input type="checkbox"/> MOMENTS FRAMES <input type="checkbox"/> PRECAST CONNECTIONS <input checked="" type="checkbox"/> OTHER PENTHOUSE | <p>2. NONSTRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> PARAPETS/ORNAMENTATION <input type="checkbox"/> CLADDING/GLAZING <input type="checkbox"/> CEILING/LIGHT FIXTURES <input checked="" type="checkbox"/> INTERIOR WALL/PARTITIONS <input checked="" type="checkbox"/> ELEVATORS <input type="checkbox"/> STAIRS/EXITS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> MASONRY "GARDEN" WALLS <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS PIPING <input type="checkbox"/> WATER/WASTE PLUMBING <input type="checkbox"/> HEATING/AIR CONDITIONING <input type="checkbox"/> OTHER | <p>3. GEOTECHNICAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> GROUND MOVEMENT, FISSURES <input type="checkbox"/> SLOPE FAILURE <input type="checkbox"/> CLASS OF SLIDE (1,2,3) <input type="checkbox"/> RETAINING WALL FAILURE <input type="checkbox"/> DEBRIS/MUD FLOW <input type="checkbox"/> WATER DAMAGE <input type="checkbox"/> OTHER |
| <p>4. HAZARDOUS MATERIALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> PAINT <input type="checkbox"/> ASBESTOS <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> GAS CYLINDER <input type="checkbox"/> CHEMICALS <input type="checkbox"/> OTHER | | |

5. **OTHER:** _____

- ☒ REPAIRABLE AND PERMIT REQUIRED
☒ PLANS REQUIRED TO REPAIR
☐ VACANT AND UNINHABITABLE
☐ ORDERED IMMEDIATELY VACATED

☒ PARTIALLY VACATED, UNITS VACATED: 0, PENTHOUSE

Section 91.8903 of the L.A.M.C. allows an appeal to the Board of Building and Safety Commissioners within 30 days of the date this order was mailed. 8903 order closed per inspection dated 8/24/95

Lynch-Carr

DAUB, R.

INSPECTOR'S NAME (PRINT)

(EQHSO.MGD) REC # 4922

INSPECTOR'S SIGNATURE

INSPECT

Entered & verified by C. DENNIS

on (date) 7-13-94

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Recycle and made from recycled waste



OBS 4922

67A REINSPECTION

A. TYPE OF DISASTER:

☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

CITY OF LOS ANGELES
 DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

☐ Residential
☒ Commercial

C. INCLUSIVE

ADDRESS: 15720 VENTURA BL

COUNCIL
DISTRICT: 11

D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 12 No. of Living Units: 0 Basement: ☐ YES ☒ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 72 ft. x 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input checked="" type="checkbox"/> 13 OFFICE	<input type="checkbox"/> 16 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 0 % EST. DAMAGE: \$ 0 PERMIT REQUIRED? ☐ YES ☒ NO

H. OVERALL RATING:

Existing

Recommended

INSPECTED (Green)

☐☒

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

_____ Structural _____ Geotechnical

3. Barricades needed in the following areas: _____

4. Disconnect utilities:

_____ Electric _____ Gas _____ Water

J. INSPECTOR:

Name/I.D.: JOHNNY R. KUZMAN

Phone: 368-7611

K. INSPECTED:

Date: 8-26-95

Time: 1:00 a.m./p.m.

CITY OF LOS ANGELES CALIFORNIA



RICHARD J. RIORDAN
MAYOR

DEPARTMENT OF
BUILDING AND SAFETY
400, CITY HALL
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

COMMISSIONERS

SCOTT Z. ADLER
PRESIDENT

JAMESINA E. HENDERSON
VICE-PRESIDENT

JEANETTE APPELGATE

MABEL CHANG

JOYCE L. FOSTER

OFFICIAL COMPLETION NOTICE OF REPAIR OF EARTHQUAKE-DAMAGED BUILDING

RECORD NO.

PROJECT ADDRESS

PERMIT NO.

PERMIT NO.

4922

15720 VENTURA BL. 956435872

THIS NOTICE IS TO INFORM YOU THAT THE REPAIR WORK
ON THE BUILDING ADDRESSED ABOVE
HAS BEEN COMPLETED, INSPECTED AND APPROVED BY
THE DEPARTMENT OF BUILDING AND SAFETY
AND THE BUILDING IS
STRUCTURALLY SAFE TO OCCUPY

• • • • •

**ATTENTION INSPECTOR: FILL IN THE "WORK COMPLETED" BOX.
MAKE ANY NECESSARY COPIES FOR YOUR FILE
AND SEND THIS ORIGINAL PINK COPY TO DATA ENTRY,
CITY HALL, ROOM 428, MAIL STOP 115**

Entered & verified by me

on (date) 7/17/95

Shane R

not all permit completed

☒ WORK COMPLETED

INSPECTOR'S NAME: J. Kelly

(PRINT)

(SIGNATURE)

COMPLETION DATE: 7-6-95

ID#:

PHONE: 818 756-8750

(PLACARD-LITE)

DATA ENTRY COPY

(EQPLITE.FRM) Rev 6/27/94

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Print name and title from recycled waste



CITY OF LOS ANGELES
CALIFORNIA



RICHARD J. RIORDAN
MAYOR

COMMISSIONERS

SCOTT Z. AOLER
PRESIDENT

JAMESINA E. HENDERSON
VICE-PRESIDENT

JEANETTE APPLIGATE

MABEL CHANG

JOYCE L. FOSTER

DEPARTMENT OF
BUILDING AND SAFETY
400, CITY HALL
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

OFFICIAL COMPLETION NOTICE OF REPAIR
OF EARTHQUAKE DAMAGED BUILDING

RECORD NO. PROJECT ADDRESS PERMIT NO. PERMIT NO.

4922 15720 VENTURA BL. 44112389

THIS NOTICE IS TO INFORM YOU THAT THE REPAIR WORK
ON THE BUILDING ADDRESSED ABOVE
HAS BEEN COMPLETED, INSPECTED AND APPROVED BY
THE DEPARTMENT OF BUILDING AND SAFETY
AND THE BUILDING IS
STRUCTURALLY SAFE TO OCCUPY

• • • • •

ATTENTION INSPECTOR: FILL IN THE "WORK COMPLETED" BOX.
MAKE ANY NECESSARY COPIES FOR YOUR FILE
AND SEND THIS ORIGINAL PINK COPY TO DATA ENTRY,
CITY HALL, ROOM 428, MAIL STOP 115

Entered & verified by Cal Davis
on (date) 6-30-95



ALL PERMITS NOT COMPLETED



☒ WORK COMPLETED

INSPECTOR'S NAME:

(PRINT)

(SIGNATURE)

COMPLETION DATE:

ID#:

PHONE:

(PLACARD-LITE)

DATA ENTRY COPY

(EQPLITE.FRM) Rev 6/27/94

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Recycled paper and made from recycled waste

